UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

31647

7590

10/06/2005

DUGAN & DUGAN, P.C. 55 SOUTH BROADWAY TARRYTOWN, NY 10591

EXAMINER

KARLSEN, ERNEST F

PAPER NUMBER

ART UNIT

DATE MAILED: 10/06/2005

| 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 10/791.067      | 03/02/2004  | Kai Di Feng          | BUR920010050US2     | 2807             |

TITLE OF INVENTION: WAFER TEST APPARATUS INCLUDING OPTICAL ELEMENTS AND METHOD OF USING THE TEST APPARATUS

| APPLN, TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | . NO         | \$1400    | \$300           | \$1700           | 01/06/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

| A 11 C 4                                                                                                                                                                                  | respondence including the Poelow or directed otherwise                                                                                             | andore (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and notification of<br>cifying a new co                                                                                                                                                                                                                                     | respondence address                                                                                                  | will be mailed to the current (s; and/or (b) indicating a separ                                                                                                   | rate "FEE ADDRESS" for                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                           | E ADDRESS (Note: Use Block 1 for a                                                                                                                 | ny change of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ]                                                                                                                                                                                                                                                                           | Fee(s) Transmittal. The                                                                                              | f mailing can only be used fo<br>his certificate cannot be used fo<br>hal paper, such as an assignment<br>te of mailing or transmission.                          | or any other accompanying                                                                                                                |  |
| *****                                                                                                                                                                                     | 10/06/2005                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                                                                   |                                                                                                                                          |  |
| DUGAN & DUG                                                                                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                                                                                                                                                                                           | Ce                                                                                                                   | ertificate of Mailing or Transi                                                                                                                                   | mission denosited with the United                                                                                                        |  |
| 55 SOUTH BROAD                                                                                                                                                                            | DWAY                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             | States Postal Service                                                                                                | with sufficient postage for firs                                                                                                                                  | t class mail in an envelope                                                                                                              |  |
| TARRYTOWN, N                                                                                                                                                                              | Y 10591                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I hereby certify that this Fee(s) Transmittal is being deposited with States Postal Service with sufficient postage for first class mail in a addressed to the Mail Stop ISSUE FEE address above, or bein transmitted to the USPTO (571) 273-2885, on the date indicated be |                                                                                                                      |                                                                                                                                                                   |                                                                                                                                          |  |
|                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                                                                   | (Depositor's name) (Signature)                                                                                                           |  |
|                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ŀ                                                                                                                                                                                                                                                                           | <del></del>                                                                                                          |                                                                                                                                                                   | (Date)                                                                                                                                   |  |
|                                                                                                                                                                                           | EV DIG DATE                                                                                                                                        | EIDC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAMED INVENT                                                                                                                                                                                                                                                                | OP                                                                                                                   | ATTORNEY DOCKET NO.                                                                                                                                               | CONFIRMATION NO.                                                                                                                         |  |
| APPLICATION NO.                                                                                                                                                                           | FILING DATE                                                                                                                                        | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                             | OK                                                                                                                   | BUR920010050US2                                                                                                                                                   | 2807                                                                                                                                     |  |
| 10/791,067                                                                                                                                                                                | 03/02/2004                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Kai Di Feng                                                                                                                                                                                                                                                                 | AND ACCUMAND OF A                                                                                                    |                                                                                                                                                                   |                                                                                                                                          |  |
| TITLE OF INVENTION: W                                                                                                                                                                     | AFER TEST APPARATUS                                                                                                                                | INCLUDING OPTICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AL ELEMENTS A                                                                                                                                                                                                                                                               | AND METHOD OF (                                                                                                      | USING THE TEST APPARAT                                                                                                                                            |                                                                                                                                          |  |
| APPLN, TYPE                                                                                                                                                                               | SMALL ENTITY                                                                                                                                       | ISSUE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PU                                                                                                                                                                                                                                                                          | BLICATION FEE                                                                                                        | TOTAL FEE(S) DUE                                                                                                                                                  | DATE DUE                                                                                                                                 |  |
| nonprovisional                                                                                                                                                                            | NO                                                                                                                                                 | \$1400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                             | \$300                                                                                                                | \$1700                                                                                                                                                            | 01/06/2006                                                                                                                               |  |
| EXAM                                                                                                                                                                                      | IINER                                                                                                                                              | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CL                                                                                                                                                                                                                                                                          | ASS-S UBCLASS                                                                                                        | J                                                                                                                                                                 |                                                                                                                                          |  |
| KARLSEN,                                                                                                                                                                                  | ERNEST F                                                                                                                                           | 2829                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                             | 324-752000                                                                                                           |                                                                                                                                                                   |                                                                                                                                          |  |
| CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.                                                               | e address or indication of "Fedence address (or Change of 622) attached.  tion (or "Fee Address" Indicator more recent) attached. Use              | Correspondence (1 or (2 tion form 2 lis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the names of ur<br>ragents OR, alternative the name of a segistered attorney<br>registered patent<br>sted, no name wil                                                                                                                                                      | ingle firm (having as<br>or agent) and the na<br>attorneys or agents. I<br>be printed.                               | ent attorneys 1<br>a member a 2<br>mes of up to                                                                                                                   |                                                                                                                                          |  |
| 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in                                                                                                                      | RESIDENCE DATA TO B<br>an assignee is identified be<br>137 CFR 3.11. Completion of                                                                 | E PRINTED ON THE I<br>clow, no assignee data<br>of this form is NOT a su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PATENT (print o<br>will appear on thub<br>ubstitute for filing                                                                                                                                                                                                              | r type)<br>ne patent. If an assig<br>nan assignment.                                                                 | gnee is identified below, the d                                                                                                                                   | ocument has been filed for                                                                                                               |  |
| (A) NAME OF ASSIGN                                                                                                                                                                        | EE                                                                                                                                                 | (B) RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SIDENCE: (CIT                                                                                                                                                                                                                                                               | Y and STATE OR CO                                                                                                    | OUNTRY)                                                                                                                                                           |                                                                                                                                          |  |
|                                                                                                                                                                                           | e assignee category or catego                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             | ☐ Individual ☐ (                                                                                                     | Corporation or other private gro                                                                                                                                  | oup entity Government                                                                                                                    |  |
| 4a. The following fee(s) are                                                                                                                                                              | enclosed:                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ayment of Fee(s):                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                                                                   |                                                                                                                                          |  |
| Issue Fee                                                                                                                                                                                 | 11 21 12 1 13 1                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                     |                                                                                                                      |                                                                                                                                                                   |                                                                                                                                          |  |
| ·                                                                                                                                                                                         | small entity discount permitte f Copies                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                                                                                                                                                              |                                                                                                                      |                                                                                                                                                                   |                                                                                                                                          |  |
| Advance Order - # 0                                                                                                                                                                       | 1 Copies                                                                                                                                           | Dep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | osit Account Nur                                                                                                                                                                                                                                                            | nber                                                                                                                 | (enclose an extra c                                                                                                                                               | opy of this form).                                                                                                                       |  |
|                                                                                                                                                                                           | (from status indicated above MALL ENTITY status. See                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | b. Applicant is no                                                                                                                                                                                                                                                          | longer claiming SM.                                                                                                  | ALL ENTITY status. See 37 C                                                                                                                                       | FR 1.27(g)(2).                                                                                                                           |  |
| The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco                                                                                                         | is requested to apply the Issu<br>publication Fee (if required) words of the United States Pate                                                    | ne Fee and Publication levill not be accepted from the accepted from the and Trademark Officent and Trademark Offi | Fee (if any) or to<br>m anyone other th<br>ice.                                                                                                                                                                                                                             | re-apply any previou<br>an the applicant; a re                                                                       | sly paid issue fee to the applica<br>gistered attorney or agent; or the                                                                                           | ation identified above.<br>he assignee or other party in                                                                                 |  |
| Authorized Signature                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             | Date                                                                                                                 |                                                                                                                                                                   |                                                                                                                                          |  |
| Typed or printed name                                                                                                                                                                     |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                                                                   |                                                                                                                                          |  |
| This collection of informatic<br>an application. Confidential<br>submitting the completed at<br>this form and/or suggestion.<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313- | on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, string 22313-1450. DO NOT -1450. | 11. The information is<br>122 and 37 CFR 1.14.<br>O. Time will vary depo<br>nould be sent to the Chi<br>SEND FEES OR COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | required to obtain. This collection is ending upon the isef Information Of IPLETED FORM                                                                                                                                                                                     | or retain a benefit by<br>s estimated to take 1?<br>ndividual case. Any<br>fficer, U.S. Patent an<br>S TO THIS ADDRE | y the public which is to file (an<br>2 minutes to complete, includir<br>comments on the amount of ti<br>d Trademark Office, U.S. Dep<br>SS. SEND TO: Commissioner | d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |  |

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### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION N                            | O. FILING DATE |            | O. FILING DATE FIRST NAMED INVENTOR |                         | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|------------------------------------------|----------------|------------|-------------------------------------|-------------------------|---------------------|------------------|
| 10/791,067                               |                | 03/02/2004 | Kai Di Feng                         | BUR920010050US2         | 2807                |                  |
| 31647                                    | 7590           | 10/06/2005 |                                     | EXAM                    | INER                |                  |
| DUGAN &                                  |                |            | KARLSEN,                            | KARLSEN, ERNEST F       |                     |                  |
| 55 SOUTH BROADWAY<br>TARRYTOWN, NY 10591 |                |            |                                     | ART UNIT                | PAPER NUMBER        |                  |
| matro                                    | ,              | -          |                                     | 2829                    |                     |                  |
|                                          |                |            |                                     | DATE MAILED: 10/06/2003 | 5                   |                  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.